

NOV 07 2003

TRANSMITTAL FORM

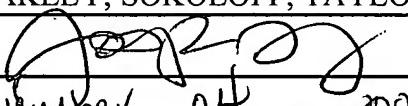
(to be used for all correspondence after initial filing)

		Application No.	10/603/680
		Filing Date	June 25, 2003
		First Named Inventor	Gary L. Graunke
		Art Unit	TBD
		Examiner Name	TBD
Total Number of Pages in This Submission	14	Attorney Docket Number	42P16433

ENCLOSURES (check all that apply)

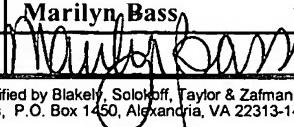
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Requested
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input checked="" type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	MP includes: Resp to Not to File MP (1 pg), signed Decl/POA (5 pp), Asgn cvr sheet and Asgn (3 pp), copy of Not. to File MP (2 pp)

SIGNATURE OF APPLICANT, ATTORNEY, OR-AGENT

Firm or Individual name	Joseph Lutz, Reg. No. 43,765 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 04 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date	11 - 04 - 03

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FEES TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

Complete if Known	
Application Number	10/603/680
Filing Date	June 25, 2003
First Named Inventor	Gary L. Graunke
Examiner Name	TBD
Group/Art Unit	TBD
Attorney Docket No.	42P16433

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
Deposit Account				

Deposit
Account
Number 02-2666

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 27 CFR §§ 1.16, 1.17, 1.18 and 1.20

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

Total Claims	<input type="text"/>	-	<input type="text"/> 20	=	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	.	<input type="text"/> 3	=	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Multiple Dependent					<input type="text"/>		<input type="text"/>		<input type="text"/>

Large Entity | **Small Entity**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	85	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	85	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone
Signature			Date	11-04-03

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